

Civil Action No.

4:20-CV-00935
PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Tri-County Gin of North. MS. LLC
 was received by me on (date) 04-17-2020.

I personally served the summons on the individual at (place) _____
 on (date) _____; or

I left the summons at the individual's residence or usual place of abode with (name) _____
 , a person of suitable age and discretion who resides there, _____
 on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) _____
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or

I returned the summons unexecuted because _____ ; or

Other (specify) U.S. Post Office certified mail

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 04-27-2020

Carlos A. Uzcategui
Server's signature

Carlos A. Uzcategui
Printed name and title

1738 Treble Dr.
Humble, Tx. 77338
Server's address

Additional information regarding attempted service, etc:

9590 9402 3345 7227 7989 48



First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3845 27 7989 48

United States
Postal Service

- Sender: Please print your name, address, and ZIP+4® in this box*

Carlos A. Uzcategui
1738 Treble Dr
Humble, TX. 77338



- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tri-County Gin
of North, MS, LLC



9590 9402 3345 7227 7989 48

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *TC 019*

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/17/20

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Restricted Delivery
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$600)	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt